

Edwin M. Norse
Board Chair



Luis B. Perez, LCSW
President & CEO

**Testimony of Luis B. Perez, LCSW, Pres/CEO of MHAC
In Support of H.B. 6517**

For questions please contact:

(860) 529-1970 Ext. 117

Good Afternoon Senator Kissel and Representative Mushinsky and members of the Program Review and Investigations Committee. My name is Luis B. Perez, LCSW. I am the President and CEO of the Mental Health Association of Connecticut, Inc. an organization dedicated to working and advocating for everyone's mental health for over 105 years. I would like to thank you for the opportunity to speak in favor of. **H.B. No. 6517** an Act Implementing The Recommendations of the Legislative Program Review and Investigations Committee Concerning the Insurance Department's Duties, Mental Health Parity Compliance Checks and the External Review Application Process. This legislation is needed to ensure that fairness and equality of health care treatment, and access to it, will extend to both mental as well as physical health. By requiring that the Insurance Department shall check for compliance with both state and federal mental health parity laws, we will more closely assure that those laws are followed. I also applaud the requirement of a summary of the method used by the insurance department to check for compliance with state and federal mental health parity laws by health insurance companies and other entities under its jurisdiction as a method to provide the results of such compliance. By so doing, you afford a rational basis upon which to determine which companies provide equity in mental health coverage to which we are entitled. This can be a useful key to the improvement in mental health care integral to the overall good health and well being of our communities. The toll that untreated and undiagnosed substance abuse and mental health care concerns have taken on our state can no longer be tolerated by non-compliance of laws already enacted.

We here in Connecticut have been fortunate to enjoy the benefits of a long standing mental health parity law since the adoption of the managed care system in our state. However, there were two shortcomings in our state parity law: 1.) it did not apply to non quantitative limitations and 2.) it did not have a method to ensure its overall compliance. Mental health parity could only be enforced on a case by case individual basis in the absence of compliance.

Additionally, The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) was signed into federal law in 2008. Although passage of MHPAEA was a critical step forward in achieving equity in both medical and behavioral health benefits, we still have yet to fully enforce its critical provisions. The federal law requires applicable plans (over 50 employees) to have the same day and visit limits, co-pay and deductibles (quantitative treatment limits) and apply cost containment techniques comparably (non-quantitative treatment limits - pre-authorization and utilization review) for the addiction/mental health benefit as the medical/surgical benefit covered by the plan. Specifically, patients and providers consistently report that plans continue to: exclude non-hospital based mental health and addiction facilities from coverage; eliminate vital types and levels of mental health and addiction treatments while covering the full continuum of treatments for medical conditions; manage mental health and addiction benefits more stringently than the medical benefits covered by the plan; and refuse to disclose the criteria used to make denials on comparable medical benefits.

Mental health parity is about achieving equality between behavioral and medical benefits. Without having a method to know who is complying, how can it be enforced? With passage of HB 6517 we can assure those laws are being followed. Thank you.